

Chlamydia

Surveillance Protocol

Provider Responsibilities

1. Report all confirmed Chlamydia cases to the state department of health by completing the treatment card (VD-91) and mailing it to the address (printed in red) at the bottom of the form.
2. Evaluate and test patients who present with signs and symptoms.
3. Evaluate and test patients who present as a contact to an infected person.
4. Conduct appropriate screening of pregnant females.
5. Interview persons who test positive to obtain identifying and locating information about sexual partners during the last 60 days.
6. Treat patients with positive laboratory test according to the most current Center for Disease Control (CDC) treatment guidelines: www.cdc.gov/std/treatment/default.htm
7. Contact the District Public Health Investigator when assistance is needed to contact patients and/or partners. The Public Health Investigator is more commonly referred to as a Disease Intervention Specialist (DIS) and will be referenced as such throughout this protocol.

Laboratory Responsibilities

1. Report all confirmed Chlamydia cases to the state department of health by mailing or faxing a copy of the laboratory result.

Local Health Responsibilities

1. Education and Outreach
 - A. Educate providers about the importance of identifying pregnant women who test positive for Chlamydia.
 - B. Educate the general public about Chlamydia signs and symptoms and risk factors.
2. Investigations
 - A. Interview patient to collect the following information:
 - a. Identifying and locating information about any partners within the last 60 days.
 - b. Contact the District Public Health Investigator if unable to obtain partner information.
3. Lost to Follow Up/Disease Intervention Specialist
 - A. A case may be considered lost to follow up at the local level two weeks after the case was identified and after the local health department has documented at least:
 - a. Three phone call attempts.
 - b. One letter (preferably certified).
 - B. If the local health department is still unable to locate the patient after two weeks, the District DIS may be asked to assist with the case and will perform the following duties:
 - a. Three (3) “good faith” attempts to locate/contact patient, which must include a certified letter.
 - b. Encourage the patient to seek treatment.
 - c. Interview the patient for all contacts during the 60 days previous to diagnosis.

Division of STD, HIV and Hepatitis

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- d. Provide partner notification to named contacts if needed.
- e. Enter original patient information into completed Field Record(s) (2936), when applicable, and submit to the Public Health Investigator Supervisor.
- f. Follow up with cases and contacts to assure they receive education, testing and treatment.

Disease Intervention Specialist Responsibilities

1. Encourage the patient to seek treatment.
2. Interview the patient for all contacts during the 60 days previous to diagnosis.
3. Provide partner notification to named contacts if needed
4. Refer partners to local health for testing and/or treatment
5. Complete original patient information into STD/MIS and complete Field Record(s) (2936) as necessary and submit to the DIS Supervisor
6. Follow up with cases and contacts as necessary to assure that they receive education, testing and treatment as needed.

State Health Responsibilities

1. Initiate prompt and complete reporting of Chlamydia cases to the CDC.
2. Provide technical expertise and consultation regarding surveillance, investigation, control measures and prevention of Chlamydia.
3. Notify the CDC of suspected outbreaks identified in West Virginia and assist local health departments in obtaining the knowledge and resources necessary for investigations of a Chlamydia outbreak.
4. Summarize surveillance data for Chlamydia on an annual basis.
5. Offer laboratory testing of Chlamydia through the Office of Laboratory Services (OLS) at no cost for patients and their partners.
6. Assist with difficult investigations including:
 - A. Interface with providers on behalf of local health departments as necessary.
 - B. Provide assistance via DIS to local health departments for investigating cases that are lost to follow up.

Disease Control Objectives

1. Identify and investigate outbreaks of Chlamydia in a timely fashion so that appropriate control measures can be applied.

Disease Prevention Objectives

1. Reduce the incidence of Chlamydia through education and outreach.
2. Adequately treat all patients and contacts according to the current CDC recommended guidelines.
3. Obtain identifying and locating information about all contacts.

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Disease Surveillance Objectives

1. Determine the incidence of Chlamydia in West Virginia.
2. Detect outbreaks of Chlamydia in West Virginia.

Public Health Significance

Chlamydia infection is the most frequently reported infectious disease in the United States and prevalence is highest in persons aged <25 years. In 2014, there were 4,795 reported cases of Chlamydia in West Virginia. This is an increase of 23.5% from 2010 (3,884), an increase of 11.5% from 2011 (4,302), an increase of 0.4% from 2012 (4,812), and a decrease of 7.3% from 2013 (5,173). The majority of cases in 2014 were among females (3,409), representing 71.1% of cases. The age group of 20 to 24 years reported the greatest number of cases in 2014 (2,137), accounting for approximately 44.6% of all reported Chlamydia. The second and third largest age groups were ages 15 to 19 years (1,344) and 25 to 29 years (755), representing 28.0% and 15.7% of reported cases, respectively.

Clinical Description

The following may be noted in females with chlamydial infection:

1. Vaginal discharge.
2. Abnormal vaginal bleeding (postcoital or unrelated to menses).
3. Dyspareunia.
4. History of sexual activity without condoms or condom failure.
5. Proctitis, rectal discharge, or both in cases of receptive anal intercourse.
6. Slow onset and progression of lower abdominal pain.
7. Fever (in pelvic inflammatory disease [PID]).
8. No symptoms (in 80%).

The following may be noted in males with chlamydial infection:

1. Urethral discharge.
2. History of sexual activity without condoms or condom failure.
3. Proctitis, rectal discharge, or both in cases of receptive anal intercourse.
4. Unilateral pain and swelling of the scrotum.
5. Fever.
6. No symptoms (in 50%).

The following may be noted in newborns with chlamydial infection:

1. Symptoms of pneumonia (if present), beginning at 1-3 months.
2. Symptoms of conjunctivitis (if present), developing at 1-2 weeks.
3. In pneumonia, cough and fever (though the classic description is afebrile).
4. In conjunctivitis, eye discharge, eye swelling, or both.

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The following may be noted in mothers diagnosed with or suspected of having a chlamydial infection during pregnancy:

1. Injected conjunctivae.
2. Mucopurulent discharge from the eyes.
3. Bilateral involvement of the eyes.

Etiologic Agent

Chlamydia is a bacterial Infection caused by *Chlamydia trachomatis*.

Reservoir

Humans are the only known host.

Mode of Transmission

Anyone who has sex can get Chlamydia through unprotected vaginal, anal, or oral sex. However, sexually active young people are at a higher risk of getting Chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since Chlamydia can be spread through oral and anal sex. It is spread during vaginal, anal or oral sex with someone who has Chlamydia or Non-Gonococcal Urethritis (NGU). The infection can be passed on to an unborn child and cause serious complications. Babies born to infected mothers may suffer from pneumonia or conjunctivitis, an inflammation of membranes in the eye that may lead to blindness.

Incubation Period

The time between exposure to Chlamydia and the start of symptoms may range from days to months. If symptoms appear, it is usually 1 to 3 weeks after sexual contact with an infected person.

Period of Communicability

All persons who are positive for Chlamydia are potentially infectious.

Case Definition

1. Clinical Description:
 - A. The presence of signs or symptoms consistent with bacterial Chlamydia:
 - a. dysuria
 - b. penile or vaginal discharge
 - c. lower abdominal pain
 - d. testicular pain
 - e. painful intercourse

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2. Laboratory Criteria for Diagnosis:
 - A. Isolation of *C. trachomatis* by culture or
 - B. Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid.

Case Classification

Confirmed: A case defined by a positive laboratory test.

Not a Case: Any case that does not meet ALL the requirements for a confirmed case.

Prevention Interventions

There is currently no preventive vaccine for Chlamydia. Therefore, the best preventive strategy is safe sex, which includes:

1. Limiting the number of sex partners.
2. Avoid using alcohol or other drugs before and during sexual intercourse.
3. Using latex condoms correctly and consistently.
4. Use a condom-safe lubricant.
5. Abstinence.

Treatment

Treatment should be according to the most current CDC STD Treatment Guidelines. These may be found at: www.cdc.gov/std/treatment/default.htm.

Surveillance Indicators

1. Proportion of cases with complete demographic information
2. Proportion of cases identified through Family Planning screening
3. Proportion of cases identified during STD clinics.

References

CDC 2010 STD Treatment Guidelines

<http://www.cdc.gov/std/treatment/2010/>

CDC Chlamydia Fact Sheet

<http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>

CDC STD Surveillance, 2011

<http://www.cdc.gov/std/stats11/app-casedef.htm>

Program Operations Guidelines for STD Prevention, May 2011, U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention –

<http://www.cdc.gov/std/program/overview.pdf>

Morbidity and Mortality Weekly Report

<http://www.cdc.gov/mmwr/>

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